



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOXING & RACING DIVISION
500 JAMES ROBERTSON PARKWAY
2ND FLOOR, DAVY CROCKETT TOWER
NASHVILLE, TENNESSEE 37243
PHONE 615-741-2384
FAX 615-741-5995
www.state.tn.us/commerce/boards/boxing**

APPLICATION FOR PROFESSIONAL BOXING LICENSEES

The following documentation must be submitted prior to the approval of your license:

1. Two (2) passport-size color photographs of applicant.
2. Physical examination form (boxer applicants only)
3. Written examination (managers, seconds, referees and judges only)
4. Valid surety bond (promoters only)
5. Picture Identification
6. Appropriate application fee. Please note application fees are nonrefundable.

Fee Schedule: All licenses are valid for a period of two (2) years from date of issuance.

Promoter- \$100	Boxer- \$50
Manager- \$30	Second- \$20
Referee- \$80	Judge- \$30
Timekeeper- \$30	

The undersigned hereby makes application for a license as a (check one):

1. Promoter _____
2. Boxer _____
3. Manager _____
4. Second _____
5. Referee _____
6. Judge _____
7. Timekeeper _____

Legal name of applicant: _____
(If the applicant is a firm or corporation, this form should be executed by a person authorized to represent the firm or corporation.)

Social security number: _____

Professional name(s) if different from above: _____

Address: _____
(Street address) (City) (State) (Zip code)

Telephone number: _____ Date of birth: _____

Email address: _____ Place of birth: _____

Weight: _____ Height: _____ Eyes: _____ Hair: _____

Manager or trainer (boxer applicants only): _____ Telephone: _____

1. Have you ever been convicted of a crime? _____ If so, provide a full explanation of the charges as well as the final disposition. _____

2. List any states or localities in which you hold or have held a license of the type for which you are applying. _____

3. Have you ever had a boxing-related license refused, suspended or revoked? _____ If so, provide a full explanation. _____

4. Do you hold a valid license of the type for which you are applying in your state of domicile (non-resident boxer, manager and second applicants only)? _____ If not, please explain _____

5. Describe your experience, training and qualifications for the license for which you are applying: _____

6. If you are applying for a manager's license please list the names of all boxers whom you represent. _____

7. Please furnish the names of three (3) professional references:

Name	Address
_____	_____
_____	_____
_____	_____

I hereby affirm that the statements made in this application are true and accurate to the best of my knowledge.

BY: _____
(Signature)

Mail or deliver your completed application with check or money order (made payable to the State of Tennessee) in the proper amount accompanied with any required supporting documentation to:

Tennessee Department of Commerce and Insurance
Division of Regulatory Boards
Boxing and Racing Program
500 James Robertson Parkway, 2nd Floor
Nashville, Tennessee 37243